

AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS

Washington State Immunization Information System, 401 Fifth Avenue, Suite 900, Seattle, WA 98104.
Phone: 1-800-325-5599; Fax: 206-205-4146; Email: cphelpdesk@kingcounty.gov.

Patient's First Name	Patient's Middle Name	Patient's Last Name		
Patient's Date of Birth	Patient's Previous Name(s)			
Parent/Guardian Full Name (If patient is less than 18 years old)	Patient or Parent Phone Number (include area code)			
Address	Apt. #	City	State	Zip code

I request and authorize the Washington State Immunization Information System to release the system's immunization information for the person named above to the person or agency named here:

First and Last Name	Agency Name (if applicable)	Phone Number (with area code)
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Choose ONLY one way to receive the records. Records will be sent as indicated below, no later than 15 business days after receipt of this signed authorization (but usually within three to five business days).

☐ Email records to this address:

☐ Fax records to this number:

☐ Mail records to this address:

(Include Mailing Address, Apt. #, City, State, and Zip code)

You MUST include an expiration date below or we cannot fill your request. This authorization expires on _____.
A copy of this completed document is considered the same as the original.

I declare under penalty of perjury under the laws of the State of Washington that this information is true and correct, and that I am the patient or authorized to sign this release on the patient's behalf.

Signature of Patient or Parent or Legal Guardian	Relationship to Patient
Date (month/day/year)	Location where signed (city and state)

The Washington State Immunization Information System is a statewide, lifetime immunization registry that keeps track of immunization records for people of all ages to help ensure on-time immunization. Information in the system comes from the public portion of a child's birth certificate as well as immunization records from healthcare providers and health plans. If you feel the immunization record you received is incorrect or incomplete, you may ask your provider to correct it. If they can't correct it or do not have a copy of your complete immunization history, please contact our Help Desk at 1-800-325-5599.

Patient-specific information is used for authorized purposes only, outlined in our Information Sharing Policy that can be found as an appendix in the Information Sharing Agreements online at www.waais.wa.gov (under Documents). Your request for the system to release data is not related to, and will not modify any other, privacy conditions in the Information Sharing Agreement and applicable state and federal privacy laws. Your request to release immunization records will not affect any of the services provided to you through the system.

Please be aware that your information may not be secure once it leaves the Immunization Information System. It will not be encrypted if you ask for it to be sent via email. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. The Immunization Information System is not responsible for the protection of your information after sending it. You may revoke this authorization at any time by sending a written request to the Washington State Immunization Information by mail to 401 Fifth Avenue, Suite 900, Seattle, WA 98104 or by fax to 206-205-4146. Your request to revoke will not apply to information released before we received your request to revoke.